



FORM R

TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

**WHERE TO SEND
COMPLETED FORMS:**

1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if
this is a revision

For EPA use only

**IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

PART I. FACILITY IDENTIFICATION INFORMATION

**SECTION 1.
REPORTING
YEAR**

19 94

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 3 trade secret?

Yes (Answer question 2.2;
Attach substantiation forms)
No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

Sanitized

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

William M. Rosev CEO

Signature

William M Rosev

Date Signed

6/20/95

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

ALASKAN COPPER WORKS

TRI Facility ID Number

Street Address

3200 6TH AVENUE SOUTH

4.1

City

County

SEATTLE

KING

State

Zip Code

WA

98134

Mailing Address (if different from street address)

P.O. BOX 3546

98134LSKNC32006

City

ALASKAN COPPER WORKS

SEATTLE

P.O. BOX 3546

State

SEATTLE, WA 98124

WA

Zip Code

98124



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PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: <i>(Important: check a or b; check c if applicable)</i>			a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact			Name <u>JAMES C. BROWN</u>			
4.4	Public Contact			Name <u>SAME AS SECTION 4.3</u>			
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c.	d.	e.	
4.6	Latitude and Longitude	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
	47	34	23	122	19	29	
4.7	Dun & Bradstreet Number(s) (9 digits)			a. 00-925-5571			
				b.			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)			a. WAD980738546			
				b.			
4.9	Facility NPDES Permit Number(s) (9 characters)			a. S03000139			
				b.			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)			a. NA			
				b.			

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company			
	<input type="checkbox"/> NA	A LASKAN COPPER COMPANIES, INC.		
5.2	Parent Company's Dun & Bradstreet Number			
	<input type="checkbox"/> NA	(9 digits)		00-925-5571



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PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) NO90
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) CHROMIUM COMPOUNDS
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input checked="" type="checkbox"/> Import	If produce or import: c. <input checked="" type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	NA c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1

05

(Enter two-digit code from instruction package.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

		A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	A	<input type="checkbox"/>
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1	Stream or Water Body Name			
	NA			
5.3.2	Stream or Water Body Name			
	NA			
5.3.3	Stream or Water Body Name			
	NA			
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA		
5.5	Releases to land on-site			
5.5.1	Landfill	<input checked="" type="checkbox"/> NA		
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA		
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA		
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA		



Check here only if additional Section 5.3 information is provided on page 5 of this form.



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3.	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.	Stream or Water Body Name <i>N/A</i>			
5.3.	Stream or Water Body Name <i>N/A</i>			
5.3.	Stream or Water Body Name <i>N/A</i>			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
6.1.B. POTW Name and Location Information	
6.1.B. <input type="text"/> POTW Name <i>METRO</i>	6.1.B. <input type="text"/> POTW Name <i>NA</i>
Street Address <input type="text"/> <i>821 SECOND AVENUE</i>	Street Address <input type="text"/>
City <input type="text"/> <i>SEATTLE</i>	County <input type="text"/> <i>KING</i>
State <input type="text"/> <i>WA</i>	Zip Code <input type="text"/> <i>98104</i>
City <input type="text"/>	County <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here.

(example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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Toxic Chemical, Category, or Generic Name

CHROMIUM

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)

AZD980735500

Off-Site Location Name

WORLD RESOURCES COMPANY

Street Address

8113 WEST SHERMAN STREET

City

PHOENIX

County

MARICOPA

State

AZ

Zip Code

85043

Is location under control of reporting
facility or parent company?

Yes

No

A. Total Transfers (pounds/year)
(enter range code or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.

1.

1. M

2.

2.

2. M

3.

3.

3. M

4.

4.

4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

Street Address

City

County

State

Zip Code

Is location under control of reporting
facility or parent company?

Yes

No

A. Total Transfers (pounds/year)
(enter range code or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.

1.

1. M

2.

2.

2. M

3.

3.

3. M

4.

4.

4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

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SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.1c	7A.1d	7A.1e % <input type="checkbox"/> Yes <input type="checkbox"/> No
7A.2a	7A.2b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.2c	7A.2d	7A.2e % <input type="checkbox"/> Yes <input type="checkbox"/> No
7A.3a	7A.3b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.3c	7A.3d	7A.3e % <input type="checkbox"/> Yes <input type="checkbox"/> No
7A.4a	7A.4b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.4c	7A.4d	7A.4e % <input type="checkbox"/> Yes <input type="checkbox"/> No
7A.5a	7A.5b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.5c	7A.5d	7A.5e % <input type="checkbox"/> Yes <input type="checkbox"/> No

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
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Toxic Chemical, Category, or Generic Name
CHROMIUM

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

- Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

- Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

Chemical, Category, or Generic Name

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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	15	15	10	10
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	1,320	6,746	6,900	6,900
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				1.2
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]		Methods to Identify Activity (enter codes)		
8.10.1	W19	a. T04	b.	c.	
8.10.2	W29	a. T03	b.	c.	
8.10.3	W36	a. T01	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.